

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/04/2012	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 30 and May 1, 2, 3 & 4, 2012.</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 100290930</p> <p>Survey team: Angela Strass, RN- TC Sue Brooker, RD Rick Blain, RN Diane Nilson, RN Julie Call, RN</p> <p>Census bed type: SNF/NF: 108 Residential 12 Total: 120</p> <p>Census payor type: Medicare: 12 Medicaid: 82 Other: 26 Total: 120</p> <p>Residential Sample: 5</p> <p>These deficiencies reflect state finding cited in accordance with 410 IAC 16.2</p>		F0000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law. The facility respectfully request that this plan of correction serve as our allegation of compliance effective 5-31-12. In addition, the facility respectfully request that we may be considered for a desk review for paper compliance since the most serious deficiencies were isolated deficiencies that constituted no actual harm.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on May 10, 2012 by Bev Faulkner, RN				

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F0332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the facility was free of medication error rates of five percent or greater.</p> <p>There were 4 medication errors, in an opportunity of 52, a 7.69 percent error rate. This affected 1 resident (#30).</p> <p>Findings include:</p> <p>1. During observation of the medication pass, beginning at 7:20 a.m., on 5/2/12, with LPN #1, the LPN was observed preparing medications for Resident #30, who was sitting on the side of his bed.</p> <p>LPN #1 was noted to give several oral medications to the resident at 7:30 a.m. Four of the medications given indicated a warning message on the label to give the medications with food or a meal.</p> <p>The medications were as follows:</p> <p>Aspirin 81 milligrams (mg) tablet chew Prednisone 5 milligrams Celebrex 100 milligrams</p>		F0332	<p>1) Corrective Action: Res #30 experienced no adverse effects from receiving his morning medications without food.2)How others are identified that have potential to be affected by alleged deficient practice: Medication records have been audited by nursing to identify other residents who are on meds that require food to be give with food.3)Systemic Change: Nursing orders will be written as nursing measures to give medications with food/directed and to monitor for GI upset. Medication carts will be supplied with a quantity of crackers and apple sauce to offer residents when they are passing medications. The nurses will be responsible to initial both nursing measures on the MARS every shift. The nursing staff have been inserviced to new system change.4) How corrective action to be monitored: Medication passes will be completed Mon-Friday daily for 2 wks, then 3 times a week for 2 weeks, then monthly for 6 months by the Director of Education. The nurse managers will audit 3 residents daily, alternating halls, during random medication administration times to identify any issues/concerns or need for</p>		05/31/2012	

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	<p>Metoprolol Tart 25 milligrams (with or immediately after food or a meal)</p> <p>LPN #1 indicated, after giving the medications that the resident ate breakfast at approximately 8:00 a.m.</p> <p>At 7:55 a.m., on 5/2/12, a staff member was observed passing breakfast trays on the hall where Resident #30 resided. The staff member asked the resident where he was going to eat breakfast, and the resident indicated he would eat in the dining room.</p> <p>At 8:24 a.m., on 5/2/12, Resident #30 was observed sitting in the main dining room, at a table, but had not yet been served his breakfast tray.</p> <p>At 8:29 a.m., on 5/2/12, the resident was observed with his breakfast tray on the table, and was just beginning to eat.</p> <p>The clinical record for Resident # 30 was reviewed on the morning of 5/2/12 and included diagnosis of relax. The physician orders for May,2012, indicated the four medications given to Resident #30, were to be given with food or a meal.</p> <p>3.1-25(b)(9)</p>			<p>additional educational opportunities. The DON/ADON will monitor the 24 hr report for any residents who have been identified to have GI upset and will investigate to ensure that meds are being given with food through observations and interviews. Results of the audits will be discussed during the facility CQI process monthly for 3 months and will remove from the agenda after 3 months of compliance.</p>			

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	3.1-48(c)(1)						

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview, the facility failed to</p>			F0441	1) Corrective Action: The glucometer machine used to take		05/31/2012

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	<p>ensure blood glucose monitoring equipment (glucometers) were sanitized/disinfected between residents. 1 of 7 nurses observed did not sanitize the glucometer between resident usage. This affected 2 of 9 residents, Resident #75, and Resident #41, observed for blood glucose monitoring.</p> <p>Findings include:</p> <p>1. During observation of the medication pass, beginning at 7:20 a.m., on 5/2/12, LPN #1 was observed performing blood glucose testing.</p> <p>LPN #1 was observed, at 7:53 a.m., on 5/2/12, using a glucometer to do a blood sugar reading on Resident #75. The LPN then set the glucometer on the medication cart, but did not sanitize the glucometer.</p> <p>At 8:03 a.m., on 5/2/12, LPN #1 did a blood sugar reading on Resident #41, using the same glucometer. The LPN then set the glucometer on top of the medication cart, but again did not sanitize the glucometer. The LPN was then preparing to do a blood sugar reading on another resident using the same glucometer. When she was questioned regarding</p>		<p>the blood glucose for resident #75 and resident #41 was cleaned. LPN #1 received additional training and disciplinary action for failure to follow the facility policy regarding the cleaning of the glucometer equipment.2)Identification of other residents with potential to be affected by alleged deficient practice: All residents who require diabetic monitoring have potential to be affected.3) Systematic changes to ensure that alleged deficient practice does not recur: Nurses was inserviced on the facility policy and procedures regarding the cleaning of the glucose machines and the use of germicidal wipes. Each nurse will complete competency checkoffs with the Director of Staff Education quarterly to ensure proper cleaning procedures.4) Monitoring of the corrective action: The Director of Education and nurse monitors will observe cleaning of the glucose machines on random basis mon-friday for 2 wks, then 3 times a wk for 2 wks, then monthly thereafter for 6 months. The DON will review results of the audit with the CQI team monthly times 3 months for identification of any issues or educational needs and will schedule accordingly. The CQI will stop monitoring the system after 3 months of being compliant with the system.</p>				

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	<p>sanitizing the glucometer, she was noted to look in the medication cart, and indicated there was no sanitizer on the medication cart.</p> <p>The LPN left the hall and indicated she would get the sanitizer to clean the glucometer.</p> <p>At 8:15 a.m., on 5/2/12, LPN#1 returned to the medication cart with a container of Super Sani- cloth germicidal disposable wipes, and indicated this was the sanitizer used to clean the glucometers. The LPN indicated she had sanitizing wipes on the medication cart on 5/1/12 and was aware she was supposed to use the wipes to disinfect the glucometer between residents.</p> <p>Review of the instructions listed on the label for the Super Sani-cloth germicidal disposable wipes indicated to disinfect non food items, contact surfaces only, use a wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet the surface. Treated surface must remain visibly wet for a full two minutes. Use additional wipes if needed to assure continuous two minute wet contact time. Let it air dry.</p> <p>Review of the facility policy/procedure</p>						

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	<p>for "Glucose Monitoring Equipment: Sanitation/Disinfection," provided by the Director of Nursing Services on 5/2/12, at 1:15 p.m., indicated, "Sanitize/disinfect glucometer and allow equipment to dry according to manufacturer's recommendation, before completing another resident's glucose monitoring test."</p> <p>The Assistant Director of Nursing Services was interviewed at 10:15 a.m., on 5/4/12, and indicated staff were inserviced during orientation and annually on appropriate glucometer cleaning. She presented a document titled, "Clinical Competency Validation Glucose Monitoring Device Cleaning and Disinfection," which indicated LPN#1 had been inserviced on proper cleaning and disinfection of blood glucose monitoring devices on 7/29/11.</p> <p>3.1-18(b)</p>						